

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Wilfried CLAUSS) Group Art Unit: Unassigned
Application No.: 10/631,900) Examiner: Unassigned
Filed: August 1, 2003) Confirmation No.: Unassigned
For: PARTICLE-OPTICAL APPARATUS)
AND METHOD FOR OPERATING THE)
SAME)

SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

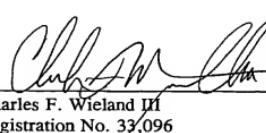
Sir:

Upon review, a typographical error in the Assignee name has been noted. Applicants submit a Supplemental Application Data Sheet for correction thereof. Additionally, that Applicant would prefer Figure 2 to appear on the face of the published Application and, accordingly, the Supplemental Application Data Sheet also reflects this desire.

Updating of the records at the U.S. Patent and Trademark Office in accordance with the Supplemental Application Data Sheet is respectfully requested.

Respectfully submitted,
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Date: September 22, 2003

By: 
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DOCKETED
filed 9/2/03 *gj*



APPLICATION DATA SHEET

Application Information

Application Number:: 10/631,900
Filing Date:: August 1, 2003
Application Type::
Subject Matter::
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title::
Attorney Docket Number::
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure:: 2
Total Drawing Sheets::
Small Entity?::
Latin Name::
Variety Denomination Name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

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Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: LEO Elektronenmikroskopie GmbH

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::